



Internet Claim Filing Agreement Between
Sponsoring Organizations of Day Care Homes and
The Montana Child & Adult Care Food Program

User Name: _____

Program Name: _____

Street Address: _____

City: _____ County: _____ Zip: _____

Email Address [required]: _____

Telephone Number: _____

(initials) I understand that I will be given a login ID and password that only I can use and that under no circumstances should ever be shared with or used by anyone else. I understand that to allow another person to use my login ID and password violates all State of Montana network policies and rules and my access may be terminated. In the event that I end my employment with the program, the Montana Child and Adult Care Food Program will be notified so that my access can be terminated.

(initials) I certify that to the best of my knowledge and belief all claims submitted through the web claim process are true and correct, records are available for support, are in accordance with an existing agreement, and payment has not been received previously.

(initials) I understand that this information is being given in receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state or federal laws.

Employee Signature _____

Supervisor Signature (if different from above) _____

Date _____